

## BLACKHORSE ASSOCIATION SCHOLARSHIP APPLICATION

Applicant Full Name \_\_\_\_\_ Student ID# \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ E-Mail \_\_\_\_\_  
Indicate Category, if applicable Parent KIA \_\_\_\_\_ Parent WIA \_\_\_\_\_  
High School/College you are attending \_\_\_\_\_, graduating Year \_\_\_\_\_  
Declared or Intended College Major \_\_\_\_\_  
Certified Standard Test Scores SAT \_\_\_\_\_ ACT \_\_\_\_\_ Other \_\_\_\_\_

Provide each of the following as attachments to this application. (Full Name on each page).

**Attachment 1.** Describe your ambitions and goals. (Limit to 250 words).

**Attachment 2.** Two persons in your chosen field that have most influenced you and why. (Limit to 250 words).

**Attachment 3.** Activities, training and awards received in past four years of high school or while in college.

**Attachment 4.** Two (2) letters of recommendation, at least one from a teacher or professor. No relatives please.

**Attachment 5.** Official High School transcript (required for HS seniors and College freshman) and/or current College/University/School transcript. These must either be mailed direct to address below or provided with your application in a sealed envelope from the high school or college.

**Attachment 6.** Proof of Regimental service in form a copy of orders, awards, BHA membership, etc. Proof is also required for wounds received while serving in the US Military, ensure the unit of assignment is annotated. (Black out all SSN).

*(Note: Previous scholarship recipients who are reapplying must complete the full application process.)*

### Parent or Guardian Affidavit

I affirm that the Scholarship Applicant \_\_\_\_\_ is a natural or adopted child of Soldier who is currently serving in the 11<sup>th</sup> ACR or served in the 11<sup>th</sup> ACR from \_\_\_\_\_ to \_\_\_\_\_. BHA Membership # \_\_\_\_\_.

Name of Parent or Guardian (Please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### RETURN THIS APPLICATION AND ATTACHED MATERIAL TO:

Murphy Gagne  
The Blackhorse Association  
5521 Keltonburg Rd.  
Smithville, TN 37166

E-Mail: [allonsllc@gmail.com](mailto:allonsllc@gmail.com)  
Phone: 615-597-9603

**Applications must be postmarked by April 1 each year for consideration**

*Form date – November 15, 2019*